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CONFIRMATION NO. 4520

<b>SERIAL NUMBER</b> 09/307,195	<b>FILING OR 371(c) DATE</b> 05/07/1999 <b>RULE</b>	<b>CLASS</b> 600	<b>GROUP ART UNIT</b> 3625	<b>ATTORNEY DOCKET NO.</b> BIH-001AX
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## APPLICANTS

WILLIAM COHN, CHESTNUT HILL, MA;

## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CON of PCT/US98/08348 04/24/1998 which is a CIP of 08/845,333 04/25/1997 PAT 6,033,362

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*

05/28/1999

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b> 9	<b>TOTAL CLAIMS</b> 50	<b>INDEPENDENT CLAIMS</b> 5
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>MC</i> Initials <i>MC</i>				

## ADDRESS

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## TITLE

SURGICAL RETRACTOR AND METHOD OF POSITIONING AN ARTERY DURING SURGERY

<b>FILING FEE RECEIVED</b> 1586	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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